

PART B, FEE(S) TRANSMITTAL

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27872 7590 03/08/2007

GIRARD & EQUITZ LLP
400 MONTGOMERY STREET, SUITE 1110
SAN FRANCISCO, CA 94104

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JACOB ZWELG	(Depositor's name)
MAY 30, 2007	(Signature)
JUN 04 2007	(Date)

APPL. NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/698,693

10/27/2000

Jose Gabriel Menchero

06/05/2007 VTEK-110 HDEESS2 00000095 096986935993

TITLE OF INVENTION: METHOD AND SYSTEM FOR MULTI-PERIOD PERFORMANCE ATTRIBUTION

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1400.00 0P

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$0	\$1400	06/08/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
NGUYEN, NGA B	3692	705-036000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

GIRARD & EQUITZ LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

VESTEK SYSTEMS, INC.

SAN FRANCISCO, CALIFORNIA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies _____

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- ☒ A check is enclosed. ****Deficiencies Only****
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- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1697 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Alfred A. Equitz
Typed or printed name Alfred A. Equitz

Date 5/24/07
Registration No. 30,922

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